

County: Marinette  
 RENNES HEALTH CENTER EAST  
 P.O. BOX 188

Facility ID: 7230

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PESHTIGO 54157 Phone:(715) 582-3962  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 134  
 Total Licensed Bed Capacity (12/31/02): 134  
 Number of Residents on 12/31/02: 128

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 126

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.9
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		35.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	3.9	More Than 4 Years		28.1
Day Services	No	Mental Illness (Org./Psy)	35.2	65 - 74	12.5			-----
Respite Care	No	Mental Illness (Other)	9.4	75 - 84	36.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.8	85 - 94	39.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.6	65 & Over	96.1	-----		
Transportation	No	Cerebrovascular	10.9		-----	RNs		9.3
Referral Service	No	Diabetes	3.1	Sex	%	LPNs		6.2
Other Services	No	Respiratory	3.9	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.8	Male	27.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.7	33.6		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	1	100.0	141	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Skilled Care	13	100.0	235	91	97.8	112	0	0.0	0	21	100.0	146	0	0.0	0	0	0.0	0	125	97.7
Intermediate	---	---	---	2	2.2	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		93	100.0		1	100.0		21	100.0		0	0.0		0	0.0		128	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
Private Home/No Home Health	12.8	Daily Living (ADL)	% Independent	One Or Two Staff		Dependent		Residents	
Private Home/With Home Health	5.4	Bathing	1.6	75.0		23.4		128	
Other Nursing Homes	4.0	Dressing	11.7	57.0		31.3		128	
Acute Care Hospitals	72.5	Transferring	19.5	67.2		13.3		128	
Psych. Hosp.-MR/DD Facilities	3.4	Toilet Use	16.4	64.1		19.5		128	
Rehabilitation Hospitals	1.3	Eating	66.4	12.5		21.1		128	
Other Locations	0.7	*****							
Total Number of Admissions	149	Continence		%	Special Treatments				%
Percent Discharges To:		Indwelling Or External Catheter		10.2	Receiving Respiratory Care				4.7
Private Home/No Home Health	18.0	Occ/Freq. Incontinent of Bladder		45.3	Receiving Tracheostomy Care				0.8
Private Home/With Home Health	18.0	Occ/Freq. Incontinent of Bowel		34.4	Receiving Suctioning				0.0
Other Nursing Homes	2.7				Receiving Ostomy Care				3.1
Acute Care Hospitals	14.7	Mobility			Receiving Tube Feeding				2.3
Psych. Hosp.-MR/DD Facilities	1.3	Physically Restrained		3.9	Receiving Mechanically Altered Diets				46.9
Rehabilitation Hospitals	0.0								
Other Locations	6.7	Skin Care			Other Resident Characteristics				
Deaths	38.7	With Pressure Sores		7.0	Have Advance Directives				94.5
Total Number of Discharges		With Rashes		5.5	Medications				
(Including Deaths)	150				Receiving Psychoactive Drugs				60.2

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 Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		93.0	85.1	1.09	85.5	1.09	86.7	1.07	85.1 1.09
Current Residents from In-County		63.3	75.4	0.84	78.5	0.81	69.3	0.91	76.6 0.83
Admissions from In-County, Still Residing		20.8	20.1	1.03	24.7	0.84	22.5	0.93	20.3 1.02
Admissions/Average Daily Census		118.3	138.3	0.85	114.6	1.03	102.9	1.15	133.4 0.89
Discharges/Average Daily Census		119.0	139.7	0.85	114.9	1.04	105.2	1.13	135.3 0.88
Discharges To Private Residence/Average Daily Census		42.9	57.6	0.74	47.9	0.90	40.9	1.05	56.6 0.76
Residents Receiving Skilled Care		98.4	94.3	1.04	94.9	1.04	91.6	1.07	86.3 1.14
Residents Aged 65 and Older		96.1	95.0	1.01	94.1	1.02	93.6	1.03	87.7 1.10
Title 19 (Medicaid) Funded Residents		72.7	64.9	1.12	66.1	1.10	69.0	1.05	67.5 1.08
Private Pay Funded Residents		16.4	20.4	0.80	21.5	0.76	21.2	0.77	21.0 0.78
Developmentally Disabled Residents		0.8	0.8	0.99	0.6	1.23	0.6	1.38	7.1 0.11
Mentally Ill Residents		44.5	30.3	1.47	36.8	1.21	37.8	1.18	33.3 1.34
General Medical Service Residents		18.8	23.6	0.80	22.8	0.82	22.3	0.84	20.5 0.91
Impaired ADL (Mean)		49.4	48.6	1.02	49.1	1.00	47.5	1.04	49.3 1.00
Psychological Problems		60.2	55.2	1.09	53.4	1.13	56.9	1.06	54.0 1.11
Nursing Care Required (Mean)		8.8	6.6	1.33	6.8	1.29	6.8	1.29	7.2 1.22